

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009094

FILED
Apr 29, 2011
Secretary of State

Entity Name: A.L.O. HELP FOUNDATION CORP.

Current Principal Place of Business:

16365 NW 11TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16365 NW 11TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-1084106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OLIVEIRA, SANDRA L
16365 NW 11TH STREET
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: DE OLIVEIRA LUIZ, LAURENICE
Address: 16365 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D
Name: DE OLIVEIRA LUIZ, SUSANA
Address: 16365 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D
Name: DE OLIVEIRA, SANDRA L
Address: 16365 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D
Name: JIMENEZ, ODALIS
Address: 5387 PALM RIDGE BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: CARVAJAL, DIEGO
Address: 12042 SW 12 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D
Name: FRANCO, JAQUELINE
Address: 16028 NW 21 STREET
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA L. DE OLIVEIRA

D

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date